

Prevention Notes

From the Director's Desk

A new episode has been added to the mammogram debate with passage of S.714 by Congress in November of 1997. Entitled the Veterans' Benefits Act of 1997 it represents a final compromise between the House and Senate on a host of separate bills wrapped in a bundle and delivered to the President for signature. Section 7322 requires the Under Secretary for Health to develop a national policy for the Veterans Health Administration on mammography screening for women veterans who are over the age of 39 and also for those with risk factors of family history of breast cancer. The bill states it is the sense of Congress that the policy shall be in accordance with guidelines endorsed by the Secretary of Health and Human Services and the Director of the National Institutes of Health. In March of this year Secretary Shalala joined President Clinton in an Oval Office press conference to endorse the National Cancer Institute (NCI) recommendations on mammography. Thus it appears Congress intends to see that NCI policy is promptly adopted by the VA.

The issue, of course, is whether to recommend that mammograms be done on an annual basis starting at age 40 or be done on a one to two year interval starting at age 50. The Senate, with strong backing by the American Cancer Society, has been promoting the former approach. The House has been more conservative, recognizing that honest disagreement is present in the scientific community about when to begin and what frequency to recommend. NCI Guidelines require screening every one to two years beginning at age 40. It appears that will soon represent VA policy as well.

Traditionally, the VA has provided mammography screening to veterans of all ages with no co-insurance or deductibles. Data compiled by the 1997 Veterans Health Survey revealed 75% of 3,514 women veterans surveyed in the 40-50 year age group received a mammogram in the past two years. This compares quite favorably with mammography goals long-established for women in the 50 to 70 year age group where screening has been heavily promoted for years. Thus the law seems to provide a remedy for a problem that is more political than medical.

If mammograms are already being offered to younger women, why does it matter if VA policy is changed to match NCI recommendations? A substantial number of VA clinicians do question the wisdom of encouraging mammograms in young women fearing potential harm to persons with false-positive results. Although these clinicians are willing to respond to requests from their patients for screening, they feel uneasy about a policy requiring every woman age 40-50 be studied.

The law specifically stipulates that clinician discretion is to be permitted. Thus a solution exists in the following compromise. The VA may recommend that women be screened every one or two years starting at age 40 but retain existing performance monitoring only for those age 50-70 where greater consensus exists. By this means a clear recommendation consistent with NCI policy is possible which should satisfy Congress. At the same time, should a clinician and a younger patient decide to forego screening, no penalty will accrue to the facility or VISN.

By the time you read this editorial the Under Secretary will have promulgated his response to S.714. We all share a great interest in seeing how this plays out.

Rob Sullivan

Robert J. Sullivan Jr., MD, MPH
Director
National Center for Health Promotion and
Disease Prevention

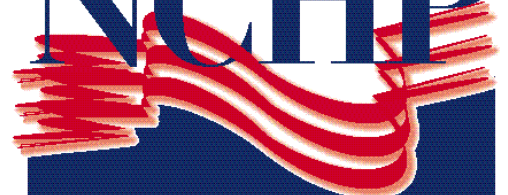
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National Center For
NCHP



HEALTH PROMOTION

Editor's Note



Happy 1998!

89 people were on-line for the semi-annual Preventive Medicine Program Coordinator's conference call on Tuesday, October 7, 1997. For those of you unable to phone in, the following summary is provided. The last call took place on March 4, 1997.

PMPC Conference Call - October 7, 1997

Lois Katz, Chair, Preventive Medicine Field Advisory Group (PMFAG) Presiding

Dr. Katz introduced the two newest PMFAG committee members, Renee Donaldson, RN, MPA, and Ellen Yee, MD, MPH (see p.7). Items on the agenda for the conference call included a review of the recent preventive medicine conference in New Orleans, (see pp. 4 - 5), a summary of the PMFAG annual meeting that followed the conference, and a discussion of health initiatives, both current and future to the year 2000. NCHP staff provided an update on Center activities as well. Dr. Katz urged PMPCs to work with individual medical facilities to obtain FORUM access and become active members of the PMPC FORUM e-mail group.

VISN Perspective on the Preventive Medicine Conference

Renee Donaldson, newly appointed PMFAG member commented on the annual prevention meeting held in New Orleans for PMPCs, Patient Health Education Contact persons and PMFAG members, from a VISN perspective. She stressed three ideas that attendees could take back with them to their stations. 1) Health promotion in the VHA is particularly challenging because of an increasingly older population plagued with chronic illness. An important strategy in the process is to establish partnerships with patients. This was emphasized at the conference through discussions of shared decision-making and encouraging patients to care for themselves (self-care). 2) It is important to integrate prevention into our daily delivery of care. PMPCs at local facilities should lead the way in bringing preventive medicine into the primary care arena where it belongs. 3) Having made the shift from a concentration on illness to promotion of health, it is important to identify those things that assist us in accomplishing this task. The closing session of the conference on Thursday morning provided a number of content experts who provided information on controversial topics such as screening for breast, prostate and colorectal cancer.

In addition, there are other activities going on in the system that can help. For example, the Office of Policy Planning and Performance measures combine prevention and the implementation of clinical guidelines. The focus this year is on the continuum of care, the implementation of case management systems and shared decision-making. Performance measures provide leadership at the network and facility levels emphasizing the transition from illness to health. When

clinical guidelines are selected for implementation, those dealing with prevention can likewise be selected and assist in promoting wellness goals.

Ms. Donaldson commented on the Action Plans developed at the preventive medicine conference as a means of integrating prevention and primary care and encouraged participants to continue the good work begun in New Orleans when they return to their facilities. She hoped that the prevention conference would be a reaffirmation of wellness goals for veterans.

Update on PMFAG Meeting

Immediately following the preventive medicine conference, the PMFAG held its annual meeting. Members agreed that the prevention conference was a success and plan to request funding for a program next year. The PMFAG values the face-to-face interaction that these meetings provide. Continued VISN involvement in preventive medicine was also unanimously supported.

The PMFAG reviewed the possibility of the NCHP developing various patient education materials such as flyers, booklets, and CD Roms on controversial prevention topics and distributing them to the field. The poster session at the conference indicated that many medical centers have already developed useful products. The NCHP can assist the field by providing standardized materials.

The National Center for Health Promotion has developed a web page that is available through the Internet and Intranet (see announcement p.8).

The PMFAG continues to recommend that *Handbook* revisions be evidence-based as opposed to the use of consensus statements concerning preventive measures. Decisions will be reviewed yearly. The PMFAG cautions that recommendations are a floor and represent the minimum standard. There is a need to create one VA policy in several areas: breast cancer, estrogen replacement therapy, and hyperlipidemia. PMFAG members will continue to collaborate with Headquarters in the development of such policies. Counseling performance goals are being adjusted based on a new interpretation of the *Healthy People 2000* goals.

The PMFAG will send the VA national formulary a recommendation to include nicotine replacement products.

The PMFAG set Special Health Initiatives for the following years: FY 1999 - Weight, Nutrition and Activity/Fitness; FY 2000 Colorectal Cancer Screening; and FY 2001 - Vehicular Safety Issues. You will be informed of any changes. The health initiative for the current fiscal year is Alcohol Abuse and Problem Drinking.

FY 1998 Special Health Initiative

Mildred Eichinger, Clinical Program Manager, Office of

Continued on page 6

Veterans Health Survey Update

In the last newsletter we presented the overall results from the 1997 *Veterans Health Survey*. We are pleased that many of you found the information helpful.

This quarter we want to bring to your attention another important finding from the 1997 *Veterans Health Survey*, namely that a great number of veterans received important preventive services both from **inside** the VA and from sources **outside** the VA. The pattern of findings are interesting (see table below). There are four preventive services that veterans receive from outside the VA with enough frequency to catch the eye both of the careful clinician and the policy person.

The first is **tetanus** boosters, for which twice as many (two out of five) reported receiving boosters outside the VHA than inside (one out of five). Why is this rate so high? My speculation is that when veterans get puncture wounds, like everyone else they go to the nearest emergency room for evaluation and treatment. The ER staff probably take the appropriately conservative action of giving the tetanus booster when there is any doubt about the interval since the last one. This scenario represents an interesting approach to primary prevention though one should wait until the probable cause exists before administering the prevention service.

The second prevention service with substantial outside - VHA receipt is **flu immunizations** among those aged 65 or older (30%). Speculation for this phenomenon is that many communities sponsor senior health fairs that many of our veterans attend, and it just may be easier or more convenient for them to get their annual flu shot there than from the VHA. After local review of the convenience factor, it may still be acceptable for us to share this prevention responsibility with the local community.

The last two prevention services are a little more perplexing. Why do so many women veterans aged 50 to 69 report receiving **mammograms** and women veterans under age 65 report receiving **Pap smears** outside the VHA (26% and 24% respectively)? Equally as important, do the primary care providers of these women veterans know about these out-of-plan services? It may reflect the phenomenon that some VAMCs contract these services to outside laboratories, in which case the provider would know about it but the electronic record may not reflect it. Does anyone out there have another idea or explanation?

One important implication from these substantial utilization rates from outside the VHA is that our patient encounter information systems must take these outside services into account. From one perspective, VHA clinicians do not want to provide redundant services because that would be both unnecessarily costly and in some circumstances a potential threat to the patient. From another perspective, VHA policy managers do not want to assume a VHA facility has subgoal performance just because the clinical-records audit fails to document services from outside the VHA.

Both our patients and our VHA policies are much too important to rely exclusively upon internal patient information systems that fail to take into account prevention services received outside the VHA. Preventive Medicine Program Coordinators, make sure your local patient encounter forms allow the option of recording prior utilization from outside the VHA, and the clinical reminder systems take the outside utilization rates into account as well.

Laurence G. Branch



Laurence G. Branch, Ph.D.
Associate Director
National Center for Health Promotion
and Disease Prevention

Table 1: The percent of veterans receiving preventive services inside and outside the VA (n=44,304)

Health Promotion/Disease Prevention Service	Inside	Outside	Both	No Care
Primary Prevention				
1 Received Blood Pressure Check in the last 2 years	55.2	6.3	31.7	6.8
2a. Received Cholesterol Check in the past 5 years (males 35-64)	57.0	14.1	11.1	17.8
2b. Received Cholesterol Check in the past 5 years (females 45-64)	57.1	15.8	12.3	14.8
3 Received Influenza Vaccine this year (aged 65+)	49.6	30.4	-	20.0
4 Received Pneumococcal Vaccine at least once (aged 65+)	36.4	21.4	-	42.2
5 Received Tetanus Booster at least once in the past decade	19.9	39.2	-	40.9
Secondary Prevention				
6 Females Received Pap Smear in the past 3 years (under age 65)	57.6	23.5	11.7	7.2
7 Females Received Mammograms in the past two years (age 50-69)	52.5	26.1	9.0	12.4
8 Received Fecal Occult Blood Test this year or Sigmoidoscopy within five years (aged 50+)	32.3	16.8	3.1	47.8
Assessment and Counseling				
9 Tobacco Users Offered Counseling this year	56.3	5.6	21.6	16.5
10 Received Alcohol Assessment /Counseling this year	21.5	2.2	5.0	71.3
11 Received Nutrition Assessment/Counseling this year	35.9	4.9	7.6	51.6
12 Received Exercise Assessment/Counseling this year	39.7	7.1	10.6	42.6
13 Received Seatbelt Assessment/Counseling this year	6.0	2.8	2.1	89.1

CONFERENCE HIGHLIGHTS

Dr. Gebhart Urges National Conference Attendees to Forge Alliances Begun Last Year

In his keynote address at the "Integrating Preventive Medicine and Health Education in Primary Care" conference, Dr. Ron Gebhart, Chief Consultant, Primary/Ambulatory Care advised the audience to fan the spark of enthusiasm between health education and prevention ignited at the meeting held in Las Vegas last year. He also spoke about the progress that has been made in prevention over the past years and outlined future directions. Network participation and the development of VISN-wide action plans were two ingredients added to this year's gathering.



"Prevention is the cornerstone of primary care" he reminded the group. Preventive medicine has become the way we do business as we move from the disease care model to the health care mode with patients. "It is simply a cost-effective way of providing health care" he pointed out.

The NCHP Veterans Health Survey is a very powerful statistical tool that provides current information on the veterans use and understanding of prevention strategies. Progress is being made toward developing more accurate means of reporting data. Dr. Gebhart implored the audience to be patient as progress is slow

in this area.

The Prevention and Patient Education programs are vibrant, grass roots organizations in the VHA whose progress is a cause for celebration. Annual meetings reinforce togetherness as we share ideas about successes in our projects. Regular opportunities to meet together as exemplified in this conference enhance the critical mass that is so essential in the promotion of preventive medicine programs. The Chief Consultant, Primary/Ambulatory Care encouraged conference participants to energize other facility staff when they return to their individual stations and recruit them as enthusiastic partners in the process of health promotion.

Dr. Gebhart went on to say that the image of the VHA is changing as we move into the 21st century. As a health care organization we are moving care out into the community. Providing quality care to outlying areas is a major challenge facing us today and shared decision making is an essential element in the process.

Concluding his remarks, he counseled those present to be conscientious in developing their network action plans, the culmination of the prevention conference activities. "This year we are hoping for development and utilization of prevention plans not just within but across networks", he observed.

Dr. Gebhart praised the group for being professionally generous in sharing materials and ideas with each other throughout the past year. He mentioned that he had been personally edified by this on more than one occasion. He also encouraged all present to carry on the good work begun here, continuing to live the conviction that prevention really does work.

Other Posters Presented

Smoking Cessation Program

Vennie Anderson - Marion VAMC

Preventive Medicine Program

Diane Braley - Saginaw VAMC

Tobacco Use Documentation

Ann Bucher - Little Rock VAMC

Veterans Health Survey

Laurence G. Branch, Ph.D.
National Center for Health Promotion

Implementation of AHCPR Guidelines

Marianne Cloeren - Maryland Health Care System

Chronic Disease Indicators

Marianne Cloeren - Maryland Health Care System

Evaluating Status of Prevention Services

Sonia Chandok - North Chicago VAMC

Integrating Prevention With Primary Care

Lettie Corpuz - Washington, DC VAMC

Colorectal Cancer Screening

Lettie Corpuz - Washington, DC VAMC

Outpatient Nutrition Education Program

Carol Fisher - Richmond VAMC

Weight Loss Program

Ruth A. Hartman - Milwaukee VAMC

Prostate Cancer Screening

Paul A. Heineken - San Francisco VAMC

System Approach to Preventive Medicine

Jean Higashida - N. California Health Care System

Smoking Cessation Program

Jean Higashida - N. California Health Care System

Documentation of Prevention Services

Lesley W. Janis - Albuquerque VAMC

Healthy Living Center

Carol Maller - Albuquerque VAMC

Operation Golden Feet

Kathy Moss - San Francisco VAMC

Documentation of Prevention

Cathy O'Brien - Walla Walla VAMC

Prevention Program Implementation

Ruby Riesland - Miles City VAMC

Self-Administered Health Risk Assessment

Mary Jacobs - Richmond VAMC

Preventive Medicine Screening Form

Randall Tracy - Memphis VAMC

The Well Vet Clinic

Paul West - Sepulveda VAMC

Veterans Health Fair

Valerie Williams - Reno VAMC

“Integrating Preventive Medicine and Health Education in Primary Care” Meeting Spawns Network Involvement

Approximately 350 physicians, nurses, physician assistants, social workers and administrative staff attended the annual preventive medicine conference in New Orleans, September 9 - 11. Dr. Ron Gebhart provided an update from headquarters (see related article) while Dr. Rob Sullivan, Director of the NCHP described the Healthy Veterans project. Special health initiatives discussed included smoking cessation, alcohol abuse, problem drinking and nutrition, exercise and wellness. VISN perspectives on wellness were discussed and conference attendees developed network-wide Action Plans. A poster session featuring prevention programs around the country took place the first evening of the conference. The Center for Disease Control and Prevention staff discussed a new program on exercise entitled “Exercise is Everywhere You Are”. Instructional packets were distributed to each medical facility for implementation. A number of excellent concurrent sessions the second day of the conference offered topics ranging from computer-assisted documentation and counseling skills to the establishment of patient-provider partnerships. Highlights of the final day included an overview of the Veterans Health Survey, a lively debate on the pros and cons of prostate, breast and colorectal cancer screening and summaries

of several of the VISN Action Plans developed at the conference.



Network Action Plan Development



#1



#2

Poster Session Provides Networking Opportunities

#1

Prevention and Telemedicine

Diana Atkins - Marilyn Bryant
Bay Pines VAMC

#2

Prevention Health Screening Clinics

Becky Goldsmith - A. Palma - Anne Toothacher
Boise VAMC

#3

Patient Education Incentive Award

Ruth A. Hartman
Milwaukee VAMC

#4

Well Vet: Opportunity for Health Risk Appraisal

Scott E. Sherman - Paul E. West
Sepulveda VAMC



#3



#4



(Continued from page 2)

Primary/Ambulatory Care gave a brief synopsis of the information on alcohol abuse and problem drinking presented at the preventive medicine conference by Dr. Suchinsky, Associate Director for Addictive Disorders and Psychological Rehabilitation. The policy to come out soon as a Directive, suggests ways to organize a preventive medicine alcohol abuse program and describes a design for data collection.

Over 10% of the general population have an alcohol abuse problem. In FY 1995 25% of all veterans discharged from our medical centers had a primary or secondary substance abuse diagnosis. We have a tremendous opportunity to inform and educate veterans about alcohol abuse. Women veterans in particular need to be aware of the increased risk of delivering a child with fetal alcohol syndrome or fetal alcohol affects (see related article p.7). The policy describes the use of standardized screening instruments such as the CAGE, MAST or AUDIT. Appropriate referral for counseling, education, family support and mutual support groups is an important step in the process. Facilities are encouraged to form an Alcohol Use Disorders Panel to address the issue of alcoholism and implement the problem drinking and alcohol moderation counseling provision, Guideline #7 in the *Handbook*, 1101.8. The Directive also describes the facility report required by October 31, 1998.

In reviewing the network action plans developed at the preventive medicine conference, Ms. Eichinger was pleased to note that 7 plans incorporated the reduction of alcohol as part of their planned activity.

National Center for Health Promotion Report

Rob Sullivan, NCHP Director, commended the education planning committee and conference faculty and staff for the outstanding job they did in organizing a national conference within such a brief time frame. Funding for the conference was not received until mid-June.

Evidence-based information will continue to be the bedrock for any revisions to the *Program Handbook 1101.8*. One area scrutinized in terms of possible revisions is mammography screening for women age 40 - 50. The PMFAG decided to maintain the recommendation for screenings with the 50 - 70 age group every one to two years. In terms of pneumococcal and influenza vaccinations, wording will be included regarding chronic disease. In the past it was assumed that this group would receive vaccinations but many people wondered why it was not in print. This brings the recommendation more in line with USPSTF guidelines. For colorectal cancer, the PMFAG will be recommending either a sigmoidoscopy every five years or FOBT.

Counseling targets will also be modified based on a reinterpretation of HEDIS guidelines. Exercise counseling will be 50%; smoking, 75%; alcohol counseling, 75%; nutrition counseling 75%; and seat belt use 50%. These goals are being incorporated into the re-writing of the book.

The NCHP Bulletin is also being revised. Discussion concerning estrogen replacement, prostate cancer and other controver-

sial topics will be included, thus enabling clinicians to give consistent advice.

The facility annual preventive medicine report requirements are being updated. Since PCE software is not yet sufficient to provide the data requested, PMPCs are asked to submit a progress report this year on the information system at their site.

The NCHP Center is seeking to incorporate network recommendations of staff in establishing and implementing policy.

Dr. Sullivan concluded his remarks by describing the Healthy Veterans Proposal requested by Dr. Kizer's office.

Veterans Health Survey

The survey is an effort to document VA accomplishments in terms of preventive medical services. The survey, sent to veterans in the earlier part of this year, achieved a 68% response rate. Weighted averages have been calculated for performance on each of the 13 recommended items from the *Handbook*. We are pleased to report being over or at target in most of the prevention strategies. We have some way to go with tetanus immunizations at the facilities. Counseling for smoking is on target but we have more to do in alcohol screening and nutrition counseling. Physical activity counseling is doing well but more needs to be done in seat belt counseling. Survey reports were mailed to headquarters staff, network directors, and each facility with copies going to the prevention coordinators and medical center directors. Plans for next year's survey have begun. It is intended that the survey will be an ongoing means by which progress in preventive services in the VA can be monitored.

Update on the Ambulatory Care Data Capture Project

Final edits have been completed on a workbook distributed to facilities in December. A model encounter form was included along with a Power Point presentation. The document will eventually be available on the NCHP home page.

The next Preventive Medicine Program Coordinator conference call will be **March 3, 1998**. We will be issuing reminders for the call and sending an agenda to each facility. The call will take place from **1:00 - 1:50 PM EST. Call 1.800.767.1750**.

We remain interested in publishing any information that might be useful to you. Let us know your thoughts in this regard by either calling or e-mailing me via Forum or the Internet "gagni001@mc.duke.edu" I can also be reached at **FTS 671.5880 Ext. 226 or COM 919.416.5880 Ext. 226**.

Dorothy R. Gagnier

Dorothy R. Gagnier, Ph.D.
Assistant Director, Education
National Center for Health Promotion
and Disease Prevention



Fetal Alcohol Syndrome

At the annual preventive medicine conference sponsored by the VHA Primary Care Office in New Orleans this September, participants were informed about the 1998 Special Health Initiative, "Alcohol Abuse and Problem Drinking."

Dr. Richard Suchinsky, Associate Director for Addictive Disorders, presented some facts and figures that are critical to understanding the devastating implications of this problem. It is estimated that 10 percent of the general population have an alcohol problem. Total economic costs for alcohol abuse have been estimated at over \$90 billion nationally. In the Veterans Administration over \$500 million is spent each year on the treatment of patients with alcohol use disorders. The VA health care system is providing services to an increasing number of younger female veterans who need to be made aware of the potential risks associated with drinking during pregnancy.

Dr. Louise Pinson, Gynecologist, Women's Clinic at the Memphis VA Medical Center and a member of the Preventive Medicine Field Advisory Group, discussed the congenital physical, central nervous system and psychological long-term consequences of fetal syndrome and fetal alcohol effects. She

described the fetal abnormalities associated with drinking during the first, second and third trimester of pregnancy. For additional information about these defects read the *Ninth Special Report to the U.S. Congress on Alcohol and Health* published by Health and Human Services, June 1997. Dr. Pinson emphasized the fact that fetal alcohol syndrome and fetal alcohol effects are 100% preventable.

Opportunities exist to plant seeds of knowledge that perhaps will prevent the birth of one child with fetal alcohol syndrome or fetal effects. Are you planting seeds?

Mildred L. Eichinger, RN, BA, MPH
Clinical Program Manager
Primary Care Office Veterans Health Administration



At the Hyatt Regency in New Orleans where the national preventive medicine conference was held, the paper towel dispenser in the women's restroom displayed this message.

PMFAG Welcomes New Members

The Preventive Medicine Field Advisory Group has added two new members to its roster.



Ellen Yee, MD, MPH is the Co-Director of the Sepulveda VAMC Women's Health Clinic and the Co-Director of the Sepulveda/West Los Angeles Women's Life Cycle Health and Education Center. Dr. Yee is a general internist and an Assistant Professor of Medicine at the University of California at Los Angeles. She also serves as the Chair of the Women's Health Primary Care Task Force (VA National Primary Care Strategic Education Committee).



Renee L. Donaldson, RN, MPA is Medical Director for the Upper Midwest Network, VISN 13. She is the former Chief, Nursing Service in Fort Meade. Renee's career includes experience in frontier community health nursing, and medical, surgical and critical care. She has occupied several leadership roles in the VA having served as a nursing home supervisor, assistant chief nursing service and acting associate medical center director. She was part of a hospital planning team that received the Hammer Award for contributions to Vice President Gore's National Performance Review Initiative. Ms. Donaldson's participation on multiple VHA task forces and working groups has contributed to policy development at various levels of the organization.



Note It



In the Fall 1997 issue of the newsletter, we published the CAGE questionnaire concerning problem drinking. We recommended that people with questions call the National Council on Alcoholism and Drug Dependence. You are being asked to call instead Dr. Richard Suchinsky, Associate Director for Addictive Disorders and Psychological Rehabilitation, VA Headquarters 202.273.8437. The Special Health Initiative for FY 1998 on Alcohol Abuse and Problem Drinking will be published soon and the CAGE instrument is included in this document as well.

On p.7 of this same issue, the Web site address for the Agency for Health Care Policy and Research was incorrectly printed. The correct web address is: "www.ahcpr.gov". We apologize for any inconvenience caused by these errors.

Understanding alcohol (2nd ed). Kinney J, Leaton G. Mosby yearbook, 1992 (274 pp.) Most books that discuss alcohol emphasize the effect of a parent's alcoholism on the adult child. This book is an exception. Contains excellent resource list.

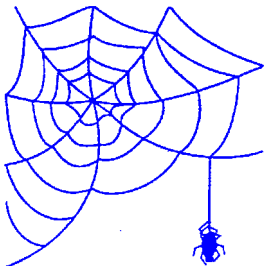
Other Sources of Information Related to Alcoholism.

Alcoholics Anonymous General Services Office, Box 459, Grand Central Station, New York, NY 10163 (212.686.1100)

American Council on Alcoholism, Inc., 8501 Lasalle Rd., Suite 301, Towson, MD 21204

Johnson Institute, Inc., 7151 Metro Blvd., Minneapolis, MN 55435 (800.231.5165)

National Council on Alcoholism and Drug Dependence, 12 West 21st St., New York, NY 10010 (212.206.6770)



Visit the new NCHP website on the Internet and Intranet
at

www.va.gov/nchp or vaww.va.gov/nchp

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Putting Prevention Into Practice in the VA